

## YART B-ISSUE FEE(S) TRANSMITTAL.

omplete and mail the form, together with applicable fees, to:

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7590

04/09/2002

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Issue Fee address above on the date indicated below. lackie L. Fitre (Depositor's name) (Signature) (Date) FILING DATE FIRST NAMES INVENTOR TTORNEY DOCKET NO CONFIRMATION NO. 09/161,257 09/25/1998 Omar M. Buazza 5040-03703/EBM 7402 TITLE OF INVENTION: PLASTIC LENS COMPOSITIONS TOTAL CLAIMS SMALL ENTITY APPLN. TYPE ESSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$640.00 \$0.00 \$640.00 07/09/2002 EXAMINER ART UNIT CLASS-SUBCLASS VARGOT, MATHIEU D. 1732 264-136000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use 2. For printing on the patent front page, of PTO form(s) and Customer Number are recommended, but not required. list (1) the names of up to 3 registered patent 1 Eric B. Meyertons attorneys or agents OR, alternatively, (2) the ☐ Change of correspondence address (or Change of Correspondence Address form name of a single firm (having as a member a PTO/SB/122 attached. registered attorney or agent) and the names 2 Conley, Rose & Tayon, P.C. of up to 2 registered patent attorneys or "Fee Address" indication (or "Fee Address" Indication form PTO/SM/47 attached. agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when as assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE: Q2100, Inc. (B) RESIDENCE (CITY & STATE OR COUNTRY): Louisville, KY Please check the appropriate assignee category indicated below (will not be printed on the patent): 🔲 individual 🔲 corporation or other private group entity 🔲 government 4a. The following fees are enclosed: 4b. Payment of Fee(s):: Issue Fee A fee authorization in the amount of the fee(s) is enclosed. ☐ Publication Fee Payment by credit card. Form PTO-2038 is attached. Advange Order - # of Copies 5 The Commissioner if hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5040-03703/EBM\* (enclose an extra copy of this form). The COMMISSIONER OF PATENTS AND TRADEMARIES is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Superfuse) 07/17/2002 HWUDHB2 00000015 501505 09161257 Eric B. Meyertons 10 Reg. No. 34,876 NOTE. The Issue Re will not be accepted from anyone other than the applicant; a registered 15.00 CH attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 'If this account is found to have insufficient funds, the depending on the needs of the individual case. Any comments on the amount of time Commissioner is authorized to charge deposit account number 50required to complete this form should be sent to the Chief Information Officer, Patent & 1623/5040-03703. Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS

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